Massachusetts Nongroup Health Insurance

Guaranteed Issue Plan Rates for the Period Between December 1, 2003 and November 30, 2004

| Company | Plan | Plan Name | Sample Monthly Rates | | | | | | | |
|--------------------------------------|--|------------|----------------------|-------------|-------------------------------------|-------------|--|-------------|--|--|
| | | | Single 25 Yr Old | | Family 35 Yr Old w/Sp+2 Children | | Two Adults 63 Yr Old w/60 Yr Old Spouse | | | |
| | | | | | | | | | | |
| | | | Boston | Springfield | Boston | Springfield | Boston | Springfield | | |
| | | | | | | | | | | |
| Fallon Community | HMO Plan | HMO Plan | \$346.74 | \$280.70 | \$1,178.98 | \$964.62 | \$1,146.55 | \$938.09 | | |
| Health Plan, Inc. | | Low Option | \$239.25 | \$195.75 | \$786.33 | \$643.36 | \$890.97 | \$728.98 | | |
| 10 Chestnut Street | | _ | | | | | | | | |
| Worcester, MA 01608 | ****Fallon is not available in Springfield; rates listed for Springfield are for Worcester instead. | | | | | | | | | |
| 1 800 868-5200 | **** NOTE: TWO ADULT RATE IS FOR TWO SEPARATE SINGLE COVERAGES; FAMILY RATE MAY BE MORE | | | | | | | | | |
| Enhanced Benefits (if any): | No copayment for ambulances, ambulatory surgery, immunizations, injections and cardiac rehabilitation; preventive dental for children through age 11; vision services once every 12 months; chiropractic services; evaluation and surgery for TMJ. | | | | | | | | | |
| Premium by Geographic Area? | Yes. | | - | • | | | | | | |
| Payment Mode Discount? | No, only monthly rates are available. | | | | | | | | | |
| Only available through associations? | No. | | | | | | | | | |
| 2003-2004 Enrollment: | May contain up to a 6-month waiting period depending on prior creditable coverage. | | | | | | | | | |

| The Guardian Life | Pref Prov Plan | Pref Prov Plan {*} | \$614.81 | \$468.33 | \$1,893.24 | \$1,442.16 | \$2,187.76 | \$1,666.52 | |
|--------------------------------------|--|--------------------------------|-----------------|---------------|-------------------|--------------------|--------------------|-----------------|--|
| Insurance Company of America | i | | | | | | | | |
| 7 Hanover Sq | **** NOTE: COMPANY ONLY OFFERS QUARTERLY PREMIUMS; RATES SHOWN ARE AVERAGE COST PER MONTH | | | | | | | | |
| New York, NY 10004 | | | Nantucket | Pittsfield | Nantucket | Pittsfield | Nantucket | Pittsfield | |
| 1 888 243-6586 | Medical Plan | Medical Plan {*} | \$516.06 | \$468.27 | \$1,584.23 | \$1,437.55 | \$1,836.36 | \$1,666.32 | |
| | **} Preferred prov | vider plan is not available is | n Berksnire/Har | npsnire/Nanti | icket Counties; I | viedicai Pian is d | offered instead if | these counties. | |
| Enhanced Benefits (if any): | None. | | | | | | | | |
| Premium by Geographic Area? | Yes. | | | | | | | | |
| Payment Mode Discount? | No, only quarterly rates are available. | | | | | | | | |
| Only available through associations? | No. | | | | | | | | |
| 2003-2004 Enrollment: | May contain up to a 6-month pre-existing condition limitation period depending on prior creditable coverage. | | | | | | | | |